

TRINITY UNIVERSITY HEALTH SERVICES

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Our practice is dedicated to maintaining the privacy of your protected health information, PHI. In conducting our business, we will create records regarding you and the treatment we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. By Federal and State law, we must follow the terms of the notice of privacy practices that we have in effect at this time.

These laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your rights regarding PHI about you
- Our obligations concerning the use and disclose of your PHI

IF YOU HAVE QUESTIONS ABOUT THIS NOTICE PLEASE CONTACT:

JACKIE BEVILACQUA
TRINITY UNIVERSITY HEALTH SERVICES
PRIVACY OFFICER
ONE TRINITY PLACE
SAN ANTONIO, TEXAS 78212-7200
210-999-8111

Uses and Disclosures

Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members. PHI may be provided to the University Athletic Trainer if you are participating in intercollegiate athletics. We may use and disclose PHI when you need a prescription, lab work, an x-ray or other health care services. We may use and disclose PHI about you when referring you to another health care provider.

Payment. Your health information may be used and disclosed if you seek payment from your health plan or from other sources of coverage such as an automobile insurer. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated. Trinity University does not submit claims directly to your insurance company. PHI may be used when billing your student account for treatment received in Health Services.

Health Care Operations. Your health information may be used as necessary to support the day-to-day activities and management of Trinity University Health Services. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality. PHI may be used to ensure that you are in compliance with the university's immunization and insurance requirements.

Appointment Reminders and Follow Up Calls. We may use and disclose your health information to contact you to remind you of an appointment or for follow up after a visit to Health Services.

Law Enforcement. Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

Public Health Reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Serious Threats to Health or Safety. We may disclose your protected health information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public.

Workers Compensation. We may release your health information for worker's compensation and similar programs.

Other uses & disclosures require your authorization.

Disclosures of your health information or its use for any purpose other than those listed above require your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you must submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

Individual Rights

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and receive a copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. The revised policies and practices will be applied to all protected health information that we maintain.

Requests to Inspect Protected Health Information

As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting one of the nurses or the Privacy Officer.

Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

TRINITY UNIVERSITY
HEALTH SERVICES
ONE TRINITY PLACE
SAN ANTONIO, TEXAS 78212-7200

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint. Contact Person: JACKIE BEVILACQUA, 210-999-8111